U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



1 File Number U 25400

3 Name and address of person filing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

1 / 1 / 2005 Through 12 / 31 / 2005

4 Name file number and address of labor organization

Name Nacarcı E Feaster	Name Laborers Union Local #113	
	Labor Organization File Number 015-279	
PO Box Bldg Room No If any	P O Box Building and Room Number if any	
Street 6310 W Appleton Ave	Street 6310 W Appleton	
City Milwaukee	City Milwaukee	
State Wisconsin ZIP Code + 4 53210-1443	State Wisconsin ZIP Code +4 53210-1443	
5 Position in labor organization Secretary/Treasurer		
(
Enter appropriate data below if during the past fiscal year you or your spo (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions)	
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name		
Trade Name if any		
P O Box Bldg Room No if any		
TO BOX BAG ACCIONATE II CITY	7 b Amount.	
Street		
City		
State ZIP Code + 4		
Signature		

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the

undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

, *	
Name of Person Filing Nacarcı Feaster	File Number U
B Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or Irrectly to or otherwise
8 Name and address of Business (including trade name if any) Name Building Trades United Pension Trust Fund Trade Name if any PO Box Bidg Room No if any PO Box 530 Rm 300 Street 500 Elm Grove Road City Elm Grove State Wisconsin ZIP Code + 4 53122 0530	9 Business deals with a Labor Organization X b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Building Trades United Pension Trust Fund Trade Name if any PO Box Bldg Room No if any PO Box 530 Rm 300	11 a Nature of such dealing Educational conference in Hawaii & Board meeting meals
Street 500 Elm Grove Road City Elm Grove State Wisconsin ZIP Code + 4 53122 0530	11 b Approximate dollar value of such dealing \$4 564 12 a Nature of interest held or income received
	12 b Amount
C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relation Consultant	17 a Hattie of payment

3 a Name and address of Employer or (including trade name if any)	Labor Relation Consultant	14 a Nature of payment	
Name			
Trade Name If any			
PO Box Bldg Room No If any			
Street			
City			
State	ZIP Code + 4		
13 b is the Business an Employer	or Consultant ?	14 b Amount of payment.	,